



11. STORAGE AREA DECONTAMINATION

DESCRIBE THE METHOD(S) THAT WILL BE USED TO DECONTAMINATE.

DESCRIBE THE TEST(S) THAT WILL BE USED TO VERIFY THE DECONTAMINATION.

Cost for Disposal of Cleaning Debris	\$
Labor Costs	\$
Sampling and Testing Costs	\$
Other Costs: _____	\$
Total Decontamination Costs \$	

CONTRACTOR PROVIDING QUOTE

CONTACT NAME		TITLE	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (WITH AREA CODE)		EMAIL ADDRESS	
EPA ID NUMBER, IF APPLICABLE		MO ID NUMBER, IF APPLICABLE	

12. CLOSURE COSTS

Total Material Value/Cost (Item 10)	\$
Total Decontamination Costs (Item 11)	\$
Subtotal \$	
30% of Subtotal \$	
Total (Subtotal + 30%) \$	

13. DO YOU HAVE A CLOSURE AGREEMENT WITH ANOTHER RECYCLER?YES ☐ NO ☐

NAME OF RECYCLER	CONTACT NAME
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14. DO YOU HAVE FINANCIAL ASSURANCE IN PLACE?YES ☐ NO ☐

NAME OF INSTITUTE	AMOUNT \$
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15. DO YOU AGREE TO ADOPT THE MISSOURI E-CYCLE STANDARDS' BEST MANAGEMENT PRACTICES AS YOUR STANDARD OPERATING PROCEDURES?

INITIALS: _____

YES ☐ NO ☐

A CORPORATE OFFICER OR NON-PROFIT BOARD MEMBER MUST SIGN A CERTIFICATION STATEMENT THAT INDICATES THE BUSINESS IS USING THE MOST BEST MANAGEMENT PRACTICES AS ITS STANDARD OPERATING PROCEDURES.

16. DISCLOSURE CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am aware that I am responsible for updating this information in a timely manner and will operate within the constraints of Missouri environmental law and regulations.

SIGNATURE	DATE
PRINTED NAME	TITLE

Mail completed copy to:	MISSOURI DEPARTMENT OF NATURAL RESOURCES, HAZARDOUS WASTE PROGRAM, P.O. BOX 176, JEFFERSON CITY, MO 65102-0176 PHONE: 800-361-4827 or 573-751-3176 FAX: 573-526-5268	FOR OFFICE USE ONLY DATE RECEIVED
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